Dawatal Islam Mosque

West Acre Drive, Off Broomsdale Road,
Soothill, Batley,
West Yorkshire, WF17 6PE
Tel: 01924 424786

INVESTING IN YOUR AAKHIRAH

MADRASAH APPLICATION FORM

Fields marked with an Asterisk (*) are Mandatory

Student Details:*

Gender: Male/Female

First Name(s): ……

Surname: ……

Date of Birth: D D M M Y Y Y Y

House Name/No: ……

Street: ……

Town/City ……

Postcode:

Father/Male Guardian Details:*

Title: Mr/Dr/Other……

First Name(s): ……

Surname: ……

Relationship to Child's Mother: ……..

Occupation: ……

Home Tel:

Work/Other:

Mobile:

Address: ***If different to Student Address***

House Name/No: ……..

Street: ……

Postcode:

Email: ……..

Town/City ……..

Mother/Female Guardian Details:*

Title: Mrs/Miss/Dr/Other……

First Name(s): ……

Surname: ……

Relationship to Child's Father: ……..

Occupation: ……..

Home Tel:

Work/Other:

Mobile:

Address: ***If different to Student Address***

House Name/No: ……..

Street: ……

Postcode:

Email: ……..

Town/City ……..

Emergency Contact Details:* *Must be different to Parent/Guardian Details*

Title: Mr/Mrs/Miss/Dr/Other ……

First Name(s): ……

Surname: ……

Relationship to Child: ……..

Occupation: ……

Home Tel:

Work/Other:

Mobile:

Address: ***If different to Student Address***

House Name/No: ……..

Street: ……

Postcode:

Email: ……..

Town/City ……..

IMPORTANT ADDITIONAL INFORMATION *

A) For the Purpose of Safety & Child Protection: With whom should the child return home?
Please tick all that apply: Father ☐ Mother ☐ Other ☐ *If other, Please state:* ……..

B) Are any of the persons mentioned on this form known to the Social services? Yes ☐ No ☐
If Yes, Please provide further details on a separate piece of paper and attach with this Form

Doctor Details:*

Doctor Name: Dr …….. Practice Name: ……

Building Name/No: ……

Street: …….. Town/City ……..

Postcode: ☐☐☐☐☐☐☐ Tel: ☐☐☐☐☐☐☐☐☐☐☐

Medical or Special Needs:* *Please tick as appropriate*

Does the child have any medical needs? YES ☐ NO ☐ If yes, Please give details:

……

……

Does the child have any special arrangements at school? YES ☐ NO ☐ If yes, Please give details:

……

……

Previous Islaamic Education to date:*

Has the child studied elsewhere before? YES ☐ NO ☐ If yes, Please give details & also provide the Madrasah report

Name of Madrasah: 1) …… City: ……..

Name of Madrasah: 2) …… City: ……..

Qaidah: Partial ☐ Completed ☐

Qur'aan: (Reading) Partial ☐ Completed ☐ Qur'aan: (Memorisation) Partial ☐ Completed ☐

Other Text Books Studied e.g. Fiqh, Please state name of book:

1) …… 2) ……

3) …… 4) ……

Reoson for leaving ……

Disclosures

We agree to permit the use of contact information provided for Madrasah and Masjid related activities such as Da'wah, organised events and scheduled classes open to community members. If you do not wish the information to be used as mentioned above, please tick here: ☐

Declaration*

I/We have read, understand and agree to abide by the terms and conditions stated in the madrasah Rules and Regulations.
I/We confirm that all information provided on this form is true and accurate.
I/We understand that the madrasah rules and regulations may undergo reosonable changes from time to time as circumstances require.
I/We understand that the madrasah will store information provided about us and our child including sensitive medical data which is appropriate for the smooth running of the Madrasah and for the safeguarding of our child.

Signed: …….. Father/Male Guardian Date: D D M M Y Y Y Y

Signed: …….. Mother/Female Guardian Date: D D M M Y Y Y Y

Signed: …….. Student (if over 8yrs) Date: D D M M Y Y Y Y

For Office Use Only

Name/Signature of HeadTeacher	Date Application Received	Date Application Terminated
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